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**HIV/AIDS Issues in Alberta:  
The 1993 Survey of Adults**

**Final Report**

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**Prepared for Alberta Health**

**by:**


**Herbert C. Northcott, Ph.D.  
Social Science Consulting**

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**December, 1993**

**Alberta**  
HEALTH

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HIV/AIDS ISSUES IN ALBERTA:  
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# **HIV/AIDS ISSUES IN ALBERTA: THE 1993 SURVEY OF ADULTS**

## **1. SUMMARY**

### **The Study**

- The Provincial AIDS Program, Alberta Health, has purchased space in 1990, 1992, and 1993 on the annual Alberta Survey conducted by the Population Research Laboratory of the Department of Sociology at the University of Alberta to examine HIV/AIDS in Alberta. The 1990 and 1992 surveys on HIV/AIDS have been previously reported. This document reports the 1993 HIV/AIDS survey.
- The objectives of the 1993 HIV/AIDS study were to assess public opinion on: 1) public education issues regarding HIV/AIDS; 2) the promotion, sale and use of condoms; and 3) HIV/AIDS testing.
- A representative sample of 1274 adults living in Alberta was interviewed through random digit telephone dialling. The response rate was an acceptable 73%.

### **Findings**

- When asked what can be done to encourage acceptance of persons who have HIV/AIDS, most respondents emphasized public education. Frequently mentioned methods for public education included use of the mass media, public forums, and sex education in the schools.
- There was virtually no opposition to education in the schools about HIV/AIDS issues and related topics. Further, most respondents indicated that education on these issues should start at some time during grades four to seven.



- The great majority of respondents thought that frank messages regarding sexual behaviours and HIV infection should be placed in newspapers, television, radio, posters, transit ads and billboards. While both older and younger adults support these means of public education, nevertheless, persons under 40 years of age are more likely to be supportive than older persons.
- The great majority of respondents thought that there should be more emphasis or a continuation of the current emphasis in public health messages on both abstinence from sexual intercourse and the use of condoms to prevent HIV/AIDS. With respect to public health messages, respondents did not consider these two emphases to be mutually exclusive. That is, respondents tended to endorse both strategies rather than one or the other for emphasis in public health messages. Females, older respondents and the less well educated were somewhat more likely to prefer an increased emphasis on abstinence.
- Virtually all respondents in both the 1993 and 1992 surveys believed that condoms are either very or somewhat effective in preventing HIV/AIDS.
- The majority of respondents favoured an increased emphasis on condom use in public health messages appearing in a variety of venues including: senior and junior high school classroom instruction, pamphlets in public places, newspapers and magazines, and television. Most of the remaining respondents wished to see the current emphasis continued. Very few favoured a reduced emphasis on condom use. Persons under 40 years of age and the better educated were somewhat more likely to endorse an increased emphasis on condom use in public health messages appearing in a variety of places.

- Regarding the sale of condoms to the public, the majority of respondents thought that condoms should be sold in 24-hour convenience stores, bars and lounges, senior high schools, and service stations. On the other hand, a majority opposed the sale of condoms in restaurants and workplaces. Respondents tended to favour both at-the-counter sale of condoms as well as the sale of condoms from machines located in washrooms. Restricting the sale of condoms solely to over-the-counter transactions was unpopular. Persons under 40 years of age were more likely than older persons to endorse the sale of condoms in these public places. Persons who believed that condoms are effective in preventing HIV/AIDS and persons who preferred an increased emphasis in public health messages on condom use were more likely to endorse the sale of condoms in various public places.
- Respondents appeared to understand the terms blood and semen and the role that these substances play in HIV/AIDS. Respondents also appeared knowledgeable regarding vaginal secretions and pre-ejaculate as potential sources of infection. While the term saliva was familiar to respondents, half incorrectly indicated that it is likely that HIV infection can be spread by saliva. There was also considerable confusion about the term monogamy. Only two persons in three were very sure they understood the term and, of those who claimed to understand the term, four persons in ten incorrectly thought it is likely that HIV infection can be spread by monogamy. (Perhaps some respondents were thinking that if a couple is not *mutually* monogamous, or has not been monogamous in the past, then, indeed, there is a risk of spreading HIV infection.) Those respondents who were better educated, currently married, and under 40 years of age were more likely to claim to understand these various terms.
- Major reasons given by respondents for seeking a blood test for HIV/AIDS included blood transfusion and sexual behaviours (new relationships/multiple partners, unprotected sex,

spouse/partner unfaithful, getting married). Females, older persons, and the currently married were more likely to mention blood transfusion as a motivation for seeking an HIV/AIDS test, while younger persons and the not currently married were more likely to say that sexual circumstances would motivate testing.

- The majority of respondents said that if they wanted an HIV/AIDS test, they would ask a doctor. The remaining respondents tended to say that they would go to either a hospital or a medical/health clinic. Very few said that they would go to an STD clinic or to the Red Cross. While an STD clinic is an appropriate venue for HIV testing, the Red Cross is not. Although only about 1% said that they would go to the Red Cross, the finding that even these few might donate blood to learn their HIV status is of concern. Females, older persons, and the currently married were more likely to say that they would go to a doctor for testing. Males, younger persons, and the not currently married would be more likely to go to a facility such as a hospital or medical clinic.

## Conclusions

- It is concluded that there is a strong public support for frank messages dealing with HIV/AIDS transmission and prevention. Further, there is strong public support for a wide dissemination of these messages in a variety of formats including the mass media and school curricula. There appears to be room for improvement in the public's understanding of terms such as pre-ejaculate and vaginal secretions and their role in HIV transmission. While saliva is a well-understood term, many appear to believe erroneously that saliva is a likely means of HIV transmission. Finally, monogamy appears to be a frequently misunderstood term and should not be used in public health messages unless it is clearly defined within that message.



- It is also concluded that the public widely believes that the use of condoms is effective in preventing HIV transmission and there is considerable support for the promotion of condom use in public health messages. Further, the public is widely supportive of the sale of condoms in places such as convenience stores, bars and lounges, senior high schools, and service stations. Finally, while many think that condoms should be available for sale at the counter, most also prefer that condoms be sold from machines located in washrooms where the purchase can be more private and discrete.
- Regarding testing, it is concluded that getting a blood transfusion (despite the relative safety of blood transfusions today) and having any one of a variety of sexual experiences are the main reasons that would motivate seeking an HIV/AIDS test. Such testing would typically be sought from a doctor or from a hospital or medical clinic. Very few respondents indicated that they would choose either an STD clinic or the Red Cross for HIV/AIDS testing. Of particular concern is the finding that a very few might donate blood to the Red Cross in order to learn their HIV status.

## 2. INTRODUCTION

### 2.1 Background to the 1993 Survey

The first case of AIDS in Alberta (and the first death from AIDS in the province) was reported in 1983. By the end of April 1993, at about the time of the 1993 survey, a total of 517 cases of AIDS had been reported in Alberta. Of these, two-thirds had died (Alberta Health, 1993).

In 1987, because of increasing concern about the HIV/AIDS epidemic, Alberta Community and Occupational Health commissioned a survey of 1000 adults and 500 teens throughout Alberta (Quality Control Research, 1988). This survey examined public concern, knowledge, attitudes, and behaviours regarding HIV/AIDS. Also in 1987, a document prepared by Alberta Community and Occupational Health laid the foundation for the Provincial AIDS Program (Alberta Community and Occupational Health, 1987) which was established in that same year. This program has two primary concerns: public education regarding the prevention and control of HIV infection and AIDS, and care and support in the community for persons living with HIV. In 1988 the Provincial AIDS Program was incorporated into the newly formed department of Alberta Health.

Since the founding of the Provincial AIDS Program, several surveys of the general public have been conducted regarding HIV/AIDS. In 1989, 443 adult Edmontonians were asked about their fear of getting HIV/AIDS and their attitudes towards screening various persons for the disease (hospital patients, health care workers, and employees generally) as well as opinions regarding the isolation of persons with

HIV/AIDS (Northcott and Reutter, 1991). This study was conducted by the Population Research Laboratory of the Department of Sociology at the University of Alberta in the context of its annual survey of public opinion. In 1990, 1992, and again in 1993 the Provincial AIDS Program purchased space on the Alberta Survey in order to examine public knowledge, attitudes, and behaviours regarding HIV/AIDS. In addition, the Provincial AIDS Program commissioned a study to assess the effectiveness of public education messages aimed at helping people to reduce behaviours that put them at risk of contracting or spreading HIV infection. This study involved, in addition to a number of focus group discussions, a survey in 1991 of 333 socially and/or sexually active persons in Edmonton, Calgary, Grande Prairie and Lethbridge (Alberta Management Group, 1992). Finally, in 1993 an evaluation was done of the AIDS/STD telephone information line (which was established in 1987 as the AIDS Information Line and expanded in 1990 to include other STDs) to determine the public's awareness and assessment of this service and the usefulness of the information that the service provided. This evaluation included surveys of 101 users of the information line in addition to 120 non-user residents across Alberta (Alberta Management Group, 1993).

Two previous surveys are of particular relevance to this present report. The 1990 and 1992 surveys of adults in Alberta regarding HIV/AIDS laid the groundwork for the 1993 survey which is the focus of this report. The 1990 study commissioned by the Provincial AIDS Program examined the self-assessed risk status of 1245 adult Albertans regarding acquiring HIV/AIDS, as well as knowledge about HIV/AIDS, attitudes towards testing for HIV/AIDS, and attitudes towards persons with AIDS (Gartrell and McKinnon, 1991). The 1992 study again examined the self-assessed risk status of adult Albertans (n=1277) vis-a-vis acquiring HIV/AIDS and knowledge about HIV/AIDS.



Furthermore, the 1992 study assessed the extent of HIV testing and use of condoms by persons engaged in "at risk" behaviours (Gartrell, 1993).

## 2.2 Objectives of the 1993 Survey

This present study, like the 1992 and 1990 surveys, was commissioned by the Provincial AIDS Program, Alberta Health, and involves an analysis of data collected in February and March of 1993 as part of the annual Alberta Survey conducted by the Population Research Laboratory of the Department of Sociology at the University of Alberta. The objectives of the 1993 HIV/AIDS study were threefold. The first objective was to assess public opinion on a variety of public education issues including ways to encourage acceptance of persons living with HIV/AIDS, knowledge of modes of HIV infection and commonly used terms, and opinion regarding "sex" education in schools, in the media and in public places. The second objective was to explore public opinion on several issues relating to the use of condoms including the content and location of public health messages regarding condoms, perceived effectiveness of condom use, and appropriate places for the sale of condoms. Finally, two questions were asked about HIV/AIDS testing to supplement more extensive data collected in the 1992 and 1990 Alberta AIDS Surveys.

## 2.3 Limitations

The number of questions that can be asked is limited by the cost of the questions, the available space on the questionnaire, and the amount of time a typical respondent is willing to give to the interview. The questions asked in 1993 complement but do not repeat the 1992 and 1990 surveys. Separate samples have been drawn for each of the

surveys and therefore changes in individual perceptions cannot be assessed. Only one question (on the perceived effectiveness of condoms) was repeated for a comparison with 1992 survey data. This comparison allows for an assessment of change in (or stability of) public perception on this one issue only.

Most of the 1993 questions focus on public opinion in a fairly direct manner. Accordingly, reliability and validity should not be problematic for the most part. However, several questions ask if the respondent is sure of what X is (e.g., saliva). A person might say that s/he was sure when s/he was not sure. Further, when asked if X (e.g., saliva) is likely to spread HIV infection, the respondent might "guess" the correct answer without really knowing the correct answer.

Finally, while the overall sample size is fairly large and sampling error therefore relatively small, nevertheless for some subsamples (e.g., men 65 and older) subsample sizes can be rather small and estimates based on these subsamples therefore tend to be unreliable. For this reason, breakdowns producing small subsamples have been avoided.

### 3. RESEARCH METHODS

#### 3.1 Sampling Design

The relevant population for the 1993 Alberta Survey was all persons 18 years of age and older residing in Alberta and accessible by telephone. Separate samples were selected for Edmonton, Calgary, and the remainder of Alberta. The sampling procedure involved two stages. First, telephone numbers were selected randomly for each area. This was done by selecting random samples of numbers from a computer file of five-digit telephone banks covering all of Alberta and randomly appending two numbers to each to complete the selection of phone numbers. Phone numbers for permanent private households were considered valid. All others were discarded. Second, once a household was reached, a member of that household was selected to complete the interview. The person selected had to be an adult and was chosen so that an equal number of males and females were interviewed.

A total of 1274 persons were interviewed in 1993. The response rate was 73%, which is considered acceptable. A total of 447 interviews were completed in Edmonton, 415 in Calgary, and 412 in the remainder of Alberta. Response rates were 72% in both Edmonton and Calgary and 76% for the rest of Alberta. In order for the combined sample to be representative of Alberta as a whole, the three area samples must be weighted. (For a more detailed discussion of the sampling design, weighting factors, and related issues, see Kinzel, 1993). Following weighting, the Edmonton subsample made up 25% of the entire sample, Calgary made up 29%, and the remainder of Alberta represented the remaining 46%.



### 3.2 Demographic Profile of Respondents

The quota sampling for males and females produced a balanced sample with respect to gender. Median age was 38. Twenty percent of respondents were "never married" while almost two in three were currently married or living common-law. The remainder (17%) were separated, divorced or widowed. Two in three were currently employed in the paid labour force; 8% were "unemployed." Of those who were currently married, almost two in three had a spouse who worked full time. Median number of years of schooling was 13. Regarding religion, 18% claimed no religion, 25% were Roman Catholic, and 16% were United Church. Median individual income was \$22,000-23,999 while median household income was \$45,000-49,999. Two in three owned their residence while one in three were renters. The sample was compared to the 1991 census distributions for Alberta for age and marital status and found to be adequately representative (Kinzel, 1993).

### 3.3 Questionnaire

The Alberta Survey is an amalgam survey covering a variety of topics which change from year-to-year. Standard socio-economic data (e.g., age, sex, education, etc.) are obtained for each survey. In the 1993 survey, a number of questions about HIV/AIDS (see Appendix 1) were asked at the end of the interviews (which averaged about three-quarters of an hour in length). The questionnaire was pretested by the Population Research Laboratory and approved by a University Research Ethics Committee (Kinzel, 1993).

Questions on HIV/AIDS can be very sensitive. For this reason, these items were placed at the end of the questionnaire, in part to allow the interviewer time to establish some rapport before asking these potentially sensitive questions so that interviewees would be more likely to respond. A measure of the sensitivity of the issues and the respondents' willingness to answer sensitive questions is the number of persons who refuse to respond or avoid the question by saying "I don't know." Of course, for many of the 1993 questions where opinions and knowledge are being examined, "I don't know" will often be an honest and valid response. For any given question, it is impossible to determine the proportion of "don't knows" which in fact constitute refusal to respond. Non-response rates ranged from 0.5% to 1.1% (although one question had a 4% non-response rate) while "don't knows" were usually below 4%. Where "don't knows" exceeded 4%, the nature of the question was such that a number of respondents would genuinely be uncertain either with respect to knowledge or opinion. One question did stand out. This question asked "What can be done to encourage your community to accept without discrimination members of your community who have HIV/AIDS?" Four percent gave no response while 20% were classified as indicating don't know/have no idea.

### 3.4 Data Analysis

All of the HIV/AIDS questions, except one, were precoded. That is, respondents were asked to choose their answer to each question from a list of alternative answers. For these questions, frequencies and percentage distributions are reported with breakdowns by gender, age, marital status, education, and residential location. The chi-square statistic is used as a test of significance and a  $p \leq .05$  is interpreted as evidence that opinion differs significantly among the categories of the classification variable (e.g.,

among males and females or old and young). Additional crosstabulations were conducted as appropriate. For example, opinions regarding emphasis in public health messages on abstinence from sexual intercourse were crosstabulated with opinions regarding emphasis on the use of condoms.

For the open-ended question ("What can be done to encourage your community to accept without discrimination members of your community who have HIV/AIDS?"), up to three responses for each respondent were recorded by the interviewer. Staff at the Population Research Laboratory then did a content analysis of these responses and developed a coding typology (see Appendix 2).

Only one question ("How effective do you think condoms are to prevent getting the HIV/AIDS virus through having sex?") was repeated in a previous Alberta survey (the 1992 survey). Both 1993 and 1992 responses are reported.



#### **4. PUBLIC KNOWLEDGE AND PUBLIC EDUCATION REGARDING HIV/AIDS**

##### **4.1 Public Knowledge Regarding HIV Transmission**

Respondents were asked if they were "very sure" or "uncertain" about the meaning of the following terms: saliva, semen, monogamy, pre-ejaculate, and vaginal secretions. Further, respondents who were very sure of the meanings of these terms were asked how likely (very, somewhat, not at all) HIV infection can be spread by these various means and, in addition, by blood. Table 1 summarizes these responses.

Virtually all respondents knew that it is very likely that HIV infection can be spread by blood, that is, 93% gave the correct answer. Further, almost all respondents said they knew what semen was and of these, the great majority knew that it is very likely that HIV infection can be spread by semen (89% gave the correct answer). In short, the public is well-informed about both blood and semen and their potential for HIV transmission.

Regarding saliva, pre-ejaculate, and vaginal secretions, the public is generally very sure that they understand these terms. Some 9 out of 10 claimed that they know what saliva is while about 8 out of 10 claimed to know what pre-ejaculate and vaginal secretions are. It is of course possible that a person might claim to understand a term when s/he is uncertain as to the meaning of the term, or alternatively, might think s/he understands the term but nevertheless has an incorrect understanding.

While saliva has not been implicated as an agent of HIV transmission (unless there is blood in the saliva), less than half of respondents knew that it is unlikely that HIV infection can be spread by saliva. However, in contrast to saliva, both pre-ejaculate and vaginal secretions are common means of HIV transmission. While 64% of respondents who were sure that they understood the term vaginal secretions knew that it is very likely that HIV infection can be spread by this means, only 46% of respondents who claimed to know what pre-ejaculate was knew that it is very likely that this substance can spread HIV infection.

While the "correct response" was that blood, semen, pre-ejaculate and vaginal secretions can all very likely spread HIV infection, the next best answer would be "somewhat likely." Combining the very likely and somewhat likely responses gives correct answers totalling 98% for blood, 97% for semen, 89% for vaginal secretions, and 76% for pre-ejaculate.

The term monogamy causes some confusion. Only 2 in 3 claimed to understand the meaning of the term and, of these, just over half (57%) knew that it is unlikely that HIV infection can be spread through monogamy. Indeed almost half of persons who claimed to understand the term thought that monogamy is a potential risk factor. It is impossible to tell if these respondents are truly misinformed or whether they are assuming that even if one is monogamous, an unfaithful partner can still put the other at risk. Further, respondents might assume that even if a couple is currently monogamous, one's past or one's partner's past might still constitute a risk factor.

**Table 1**

**Percentage of the Public Who Are Very Sure They Understand  
Selected Terms and Their Potential for Spreading HIV Infection**

Term		Percent Very Sure They Understand Term <sup>1</sup>	Percent Indicating Potential for Spreading HIV Infection <sup>2</sup> (for those very sure of meaning of term)			
		%	Very Likely	Somewhat Likely	Not at all Likely	Don't Know
Blood	(n=1262)	NA <sup>3</sup>	93	5	0	1
Semen	(n=1264)	93	89	8	2	2
Saliva	(n=1268)	90	14	36	44	6
Vaginal Secretions	(n=1264)	79	64	25	6	5
Pre-ejaculate	(n=1264)	78	46	30	16	8
Monogamy	(n=1263)	66	13	28	57	2

1. The remainder indicated that they were either uncertain or said that they did not know.
2. Totals may not add within the rows of the table to 100% due to rounding.
3. It was assumed that all respondents understood what blood is and therefore respondents were not asked if they were very sure of the meaning of this term.

Table 2 compares the percentages of the public falling into various categories who are very sure that they understand the terms semen, saliva, vaginal secretions, pre-ejaculate, and monogamy. The following comparisons are made: male versus female, younger adult versus older adult (18-39 years of age versus 40+), persons not currently married versus persons currently married or living common-law, residents of Calgary versus Edmonton versus the remainder of Alberta, and the less educated versus the better educated (12 years or less education versus 13+ years).



Table 2

Percentage of the Public Who Are Very Sure That They Understand Selected Terms,  
by Sex, Age, Marital Status, Residential Location, and Education

Term	Percent Very Sure That They Understand Term									
	Sex		Age		Marital Status <sup>1</sup>		Location		Education	
	Male	Female	18-39yrs.	40+yrs.	Not Currently Married	Currently Married	Calgary	Edmonton	Other	0-12 yrs. 13+ yrs.
Semen	94	93	95	91	91	95	93	92	94	90 96
		p = .88	p = .01*			p = .04*		p = .42		p = .00*
Saliva	88	91	93	87	86	92	89	91	90	84 94
		p = .15	p = .00*			p = .00*		p = .75		p = .00*
Vaginal Secretions	73	85	81	78	75	82	80	80	78	68 89
		p = .00*	p = .19			p = .00*		p = .73		p = .00*
Pre-ejaculate	79	77	83	72	76	79	82	78	75	68 85
		p = .43	p = .00*			p = .20		p = .06		p = .00*
Monogamy	63	69	70	62	61	69	73	69	61	46 82
		p = .03*	p = .01*			p = .01*		p = .00*		p = .00*

\* p ≤ .05 Statistical significance is determined by the Chi-Square statistic.

1. Not currently married includes never married, separated, widowed, and divorced. Currently married includes common-law.

Males and females tend to have similar understandings of terms such as saliva, semen and pre-ejaculate. However, females are significantly more likely to claim that they understand terms such as monogamy and vaginal secretions. Age differences are more pronounced. Adults under 40 are more likely to claim that they are very sure that they understand what saliva, semen, monogamy, and pre-ejaculate are. Younger adults are also more likely to claim that they understand the term vaginal secretions, although the difference is not statistically significant. Similarly, the currently married are more likely to say that they are very sure of the meaning of these terms than are the not currently married (i.e., the never married, widowed, divorced and separated). All of these differences but one (for pre-ejaculate) are statistically significant. Residential location seems to make very little difference except that Calgarians and Edmontonians are more likely to claim that they understand the term monogamy than are other Albertans. A similar pattern is evidenced for the term pre-ejaculate although these differences are only approaching statistical significance. Finally, education makes a rather striking difference. The better educated (13 years or more of education) are more likely than the less educated to claim that they understand each term.

## **4.2 Public Education Regarding HIV/AIDS**

Respondents were asked "What can be done to encourage your community to accept without discrimination members of your community who have HIV/AIDS?" Up to three responses were recorded with 76% of respondents providing at least one suggestion and 19% making three suggestions. Table 3 shows that the great majority of responses fell into two broad interrelated categories: the need for more education and suggestions as to the best methods for public education. Indeed, 83 % of first responses, 90% of second responses, and 93% of third responses fell into these two categories.

**Table 3**  
**Suggestions for Encouraging Acceptance of Persons with HIV/AIDS**

Suggestion	First Response <sup>1</sup> %	Second Response %	Third Response %
More Education	52	26	15
Use Various Methods for Public Education	31	64	78
Have Accepting Attitudes	12	7	4
Use Health Care System	2	2	2
Other	2	1	2
(n)	(964)	(559)	(240)

1. Totals in the columns of the table may not add to 100% because of rounding. Of the 1274 persons surveyed, 964 or 76% provided at least one response.

More specifically, of the 964 persons who gave at least one suggestion, fully one-half of these persons on their first response spoke of the need for more education and/or awareness about the HIV virus, the AIDS disease itself, and how the disease is contracted. Another one-third spoke on their first response of various methods for educating the public and increasing awareness. The most frequent suggestions concerned educational programs in the schools for school-age children (n=93), public forums/meetings/speakers/seminars/workshops/information sessions (n=82), use of the mass media, especially television (n=72), pamphlets/brochures/publications/newsletters/flyers (n=21), and interaction between the members of the community and persons living with AIDS (n=20). Another 12% of first responses spoke of the need for sympathy, compassion, tolerance, understanding, and acceptance. A few



suggestions focused on health care strategies such as special hospitals for persons living with AIDS.

Among the 559 second responses, again most emphasized public education. Indeed, there were 147 suggestions for more public education (including 42 persons suggesting more emphasis on safer sex/condom use). Another 143 suggestions encouraged the use of the mass media to influence public opinion. Finally, 80 persons suggested public forums and the like, 66 recommended educational programs at schools for school-age children, 41 emphasized the use of pamphlets, etc., while 22 felt that interactions with persons living with AIDS would be helpful.

The pattern among the 240 third responses is similar. That is, 71 focused on the use of mass media for public education, 49 emphasized the use of public forums, etc., while 35 and 33 respectively spoke of the need for general public education and school-based education. Another 17 emphasized the use of pamphlets while 13 felt that contact with persons living with AIDS would be helpful.

**4.2.1 Public Education in the Schools.** Regarding education in the schools, respondents were asked in what grade they thought education should start about sexual health, HIV infection and AIDS, other sexually transmitted diseases, and birth control. Responses are shown in Table 4 and are broken down in Table 5 by sex, age, marital status, residential location, and level of education.

Table 4 shows that most respondents think that topics such as sexual health, HIV infection and AIDS, other sexually transmitted diseases, and birth control should be taught in school. That is, only 0.8% to 1.6% of respondents, depending

on the topic, felt that these issues should not be taught in school. Some three-quarters felt that education on these topics should start sometime in grades 4 through 7. Two-thirds selected grades 5 through 7. The median grade chosen was 6 for each topic and the mean grade chosen ranged from 5.3 – 6.3 years depending on the topic. In short, most respondents felt that these topics should be taught in school no later than the seventh grade.

**Table 4**

**Mean Grade in School for Starting Education in Selected Topics**

Topic	Grade			Percent Indicating Grades 4–7 %	Percent Saying Topic Should Not Be Taught in School %
	Mean	Standard Deviation	n		
Sexual Health	5.6	2.2	1220	75	1.2
HIV Infection and AIDS	5.3	2.4	1236	69	0.8
Other Sexually Transmitted Diseases	5.8	2.1	1225	75	1.1
Birth Control	6.3	1.9	1216	75	1.6

Table 5 shows respondents' views on when sex education should be taught in the schools broken down by the sex, age, marital status, residential location, and education of the respondent. While there is a tendency for males in comparison to females to think that various sex education topics should be taught a little later in the school curriculum, responses do not differ significantly by age, marital status, residential location, or education.

**Table 5**  
**Mean Grade in School for Starting Education in Selected Topics,  
 by Sex, Age, Marital Status, Residential Location, and Education**

Topic	Mean Grade									
	Sex		Age		Marital Status <sup>1</sup>		Location		Education	
	Male	Female	18-39 yrs.	40+ yrs.	Not Currently Married	Currently Married	Calgary	Edmonton	Other	0-12 yrs. 13+ yrs.
Sexual Health	5.8	5.3	5.6	5.5	5.7	5.5	5.5	5.6	5.6	5.6
	p = .00*		p = .20		p = .30		p = .80		p = .77	
HIV/AIDS	5.5	5.2	5.3	5.4	5.4	5.3	5.3	5.4	5.4	5.4
	p = .02*		p = .48		p = .71		p = .95		p = .60	
Other STDs	5.9	5.7	5.9	5.7	5.8	5.8	5.7	5.8	5.8	5.8
	p = .14		p = .11		p = .54		p = .81		p = .39	
Birth Control	6.3	6.2	6.3	6.2	6.3	6.2	6.2	6.2	6.3	6.3
	p = .18		p = .24		p = .45		p = .53		p = .41	

\* p ≤ .05 Statistical significance is determined by Analysis of Variance and the F statistic.

1. Not currently married includes never married, separated, widowed, and divorced. Currently married includes common-law.



**4.2.2 Public Education in the Media.** Respondents were advised that "Research in Alberta has shown that people need frank messages to encourage them to change sexual behaviours through which HIV infection can be spread." They were then asked if they thought that these frank messages should appear on television, radio, in newspapers, transit ads (e.g., bus, LRT, etc.), posters, billboards, and any other places. Table 6 shows public opinion regarding the placement of frank messages and Table 7 explores socio-demographic differences in these opinions.

**Table 6**  
**Percentage of the Public Who Think**  
**Frank Messages Regarding Sexual Behaviours**  
**Should Appear On or In Selected Media**

Medium	Percent Endorsing Use of Medium %
Newspapers (n=1251)	91
Television (n=1237)	86
Radio (n=1238)	85
Posters (n=1229)	82
Transit Ads (n=1220)	74
Billboards (n=1235)	72
Other Places (n=1274)	31

The data in Table 6 suggest that the public is generally accepting of frank messages regarding sexual behaviours and HIV transmission. Support for the placement of these messages in the most pervasive mass media -- radio, television and newspapers -- ranged from 85% to 91% of respondents. Support was also relatively high for the use of posters which might be displayed in a variety of public places such

as medical clinics and schools, public government offices and private work places. While support for the placement of these messages on transit vehicles such as buses and LRT trains and on billboards was somewhat lower, nevertheless, almost three in every four respondents endorsed these options. Finally, one-third of respondents voluntarily indicated other places where frank messages might be publicly displayed. The most common responses were schools (n=99), any/all public place(s) (n=56), pamphlets and brochures (n=41), doctors' offices/clinics/hospitals (n=37), magazines (n=36), public washrooms (n=25), and bars and nightclubs (n=17). Another 89 respondents mentioned a wide variety of places for frank messages including bumper stickers, churches, workplaces, and shopping malls/stores.

Table 7 compares males and females, older and younger respondents, married and not married, better educated and less educated, and residents of Calgary, Edmonton and the remainder of Alberta regarding the acceptability of the public dissemination of frank messages in various media. The data in Table 7 show that the generally high acceptance of various media formats does not vary significantly by sex, marital status, education (although the better educated are more likely to favour posters than the less educated), or residential location (although residents of Edmonton and Calgary are somewhat more likely to endorse the use of radio and television than are other Albertans). Despite this socio-demographic homogeneity, there are statistically significant age differences. For every medium, those under 40 years of age are more likely to endorse the public dissemination of frank messages regarding sexual behaviours and HIV infection than are persons 40 years of age and older. Nevertheless, support among older respondents varies from two-thirds who endorse the use of billboards to 90 percent who endorse public education through the use of frank messages appearing in newspapers.

**Table 7**  
**Percentage of the Public Who Think Frank Messages Regarding Sexual Behaviours Should Appear  
 On or In Selected Media, by Sex, Age, Marital Status, Residential Location, and Education**

Medium	Percent Who Think Frank Messages Should Appear On/In Selected Media									
	Sex		Age		Marital Status <sup>1</sup>		Location			Education
	Male	Female	18-39 yrs.	40+ yrs.	Not Married	Currently Married	Calgary	Edmonton	Other	0-12 yrs. 13+ yrs.
Television	86 p = .96	86	89 p = .00*	82	87 p = .23	85	87	89 p = .04*	83	84 87 p = .11
Radio	84 p = .99	84	88 p = .00*	81	86 p = .37	84	87	87 p = .03*	82	83 86 p = .28
Newspapers	90 p = .13	93	93 p = .05*	90	91 p = .67	92	92	91 p = .93	92	91 92 p = .39
Transit Ads	74 p = .63	73	77 p = .00*	69	76 p = .28	73	75	74 p = .63	72	73 74 p = .73
Posters	81 p = .40	83	88 p = .00*	74	83 p = .22	80	78	84 p = .07	83	78 84 p = .01*
Billboards	73 p = .69	72	78 p = .00*	65	74 p = .24	71	73	73 p = .76	71	71 74 p = .29

\* p ≤ .05 Statistical significance is determined by Chi-Square statistic.

1. Not currently married includes never married, separated, widowed, and divorced. Currently married includes common-law.

#### **4.2.3 The Emphasis of Public Education: Abstinence and/or Condoms.**

Respondents were asked if there should be more, less, or about the same emphasis on abstinence from sexual intercourse and on the use of condoms in public health messages on the prevention of HIV/AIDS and other sexually transmitted diseases. Table 8 shows public opinion on these two issues and Table 9 compares opinion by sex, age, marital status, residential location and education. Table 10 presents a crosstabulation of opinion on these issues to see whether or not endorsement of messages about abstinence implies opposition to messages about the use of condoms and vice versa.

Table 8 indicates that the majority of respondents thought that there should be more emphasis in public health messages on both abstinence from sexual intercourse and the use of condoms, although a somewhat higher percentage of respondents favoured an increased emphasis on condoms. Further, most of those who did not indicate a preference for increased emphasis on either abstinence or condoms felt that the present emphasis is sufficient and wished to see it continued. Only a very small minority (6% and 4%) preferred a decreased emphasis on either abstinence or condom use.



Table 8

**Public Opinion Regarding the Emphasis in Public Health Messages  
on Abstinence from Sexual Intercourse and on the Use of Condoms**

Public Health Message	Emphasis in Public Health Messages <sup>1</sup>			n
	More %	About the Same %	Less %	
Abstinence from Sexual Intercourse	56	38	6	1213
Use of Condoms	67	28	4	1238

1. The percentages in the rows of the tables may not add to 100 due to rounding.

Table 9 shows that females were more likely than males to state that there should be more emphasis in public health messages on abstinence from sexual intercourse. Further, older respondents (40+ years of age) were more likely than younger respondents and, in addition, the less well educated (12 years or less) were more likely than the better educated to favour increased emphasis on abstinence. Finally, there were no statistically significant differences for marital status or residential location.

Turning to attitudes toward the emphasis on the use of condoms in public health messages, Table 9 shows that responses did not vary significantly by sex, marital status, education, or residential location. There was a small, although statistically significant, difference between persons under 40 and persons 40 years of age and older with younger respondents slightly more likely to endorse an increased emphasis on the use of condoms.

Table 9

Percentage of the Public Who Think That There Should be More, the Same, or Less  
Emphasis on Abstinence from Sexual Intercourse and on the Use of Condoms in Public Health Messages,  
by Sex, Age, Marital Status, Residential Location, and Education

	Sex		Age		Marital Status <sup>1</sup>		Location		Education	
	Male %	Female %	18-39 yrs. %	40+ yrs. %	Not Currently Married %	Currently Married %	Calgary %	Edmonton %	Other %	0-12 yrs. 13+ yrs. % %
Emphasis in Public Health Messages										
Abstinence from Sexual Intercourse										
More Emphasis	49	64	51	63	54	58	54	54	59	60 53
Same Emphasis	44	32	43	32	40	37	39	38	37	34 42
Less Emphasis	7	4	6	6	6	6	7	8	4	6 5
	p = .00*		p = .00*		p = .47		p = .06		p = .02*	
Use of Condoms										
More Emphasis	66	69	69	65	70	66	70	70	65	71 65
Same Emphasis	29	28	28	30	27	29	26	26	31	25 31
Less Emphasis	5	3	3	6	3	5	4	4	4	4 4
	p = .23		p = .05*		p = .29		p = .51		p = .07	

\*  $p \leq .05$  Statistical significance is determined by Chi-Square statistic.

1. Not currently married includes never married, separated, widowed, and divorced. Currently married includes common-law.

2. Percentages in the columns may not total to 100 due to rounding.

Table 10

**Public Opinion Regarding the Preferred Emphasis  
in Public Health Messages on the Use of Condoms by  
Preferred Emphasis on Abstinence from Sexual Intercourse**

Preferred Emphasis on the Use of Condoms	Preferred Emphasis on Abstinence from Sexual Intercourse		
	More %	Same %	Less %
More	62	38	84
Same	32	57	8
Less	6	5	8
Total	100	100	100
(n)	(805)	(336)	(50)

$p = .00$  for Chi-Square test of significance.  $\Gamma = .25$ .

Table 10 examines the hypothesis that a preferred emphasis in public health messages on sexual abstinence will be (negatively) correlated with a preferred emphasis on the use of condoms. Table 10 shows that almost two-thirds of persons who prefer an increased emphasis in public health messages on sexual abstinence also prefer an increased emphasis on the use of condoms. Indeed, 42% of all 1191 respondents to these questions fall into the more-more category preferring more emphasis on both abstinence and condoms. Of those persons preferring increased emphasis on abstinence only 6 percent ( $n=47$ ) prefer a decreased emphasis on the use of condoms. Similarly, of those respondents who prefer the same emphasis on abstinence as currently exists, the great majority prefer the same

emphasis on condom use as currently exists or an increased emphasis. Only 5 percent of those who favour the same emphasis on abstinence prefer a decreased emphasis on the use of condoms. In other words, the correlation between these two issues is decidedly positive with the great majority of respondents preferring an increased or continuing emphasis on both abstinence and the use of condoms. Generally, people do not see these public health emphases as mutually exclusive. Of course, in any given situation, a person who practices abstinence does not need a condom and vice versa, a person who uses a condom is not abstinent. Nevertheless, a person might abstain in some situations (or at some times or with some people), and use condoms in other situations. Accordingly, respondents do not generally see these options as mutually exclusive and argue that both strategies should be emphasized in public education campaigns leaving it up to individuals to decide which strategy suits them best in any particular situation. This pattern does not continue for those few persons who prefer a decreased emphasis on abstinence ( $n=50$ ). Of these, 84 percent prefer an increased emphasis on the use of condoms. Nevertheless, overall the relationship between these variables is positive rather than negative; indeed gamma (a measure of the correlation varying between -1.00 and +1.00 and where 0 indicates no relationship) is .25.



## 5. PUBLIC OPINION REGARDING THE USE AND SALE OF CONDOMS

Tables 8-10, discussed previously, reflect public opinion regarding increased, decreased, or continued emphasis on the use of condoms in public health messages. The following examines public opinion regarding three related issues: the perceived effectiveness of condoms in preventing HIV/AIDS, public education regarding condom use, and the sale of condoms.

### 5.1 Perceived Effectiveness of Condoms

Respondents were asked in both the 1993 Alberta Survey and in the previous 1992 study: "How effective do you think condoms are to prevent getting the HIV/AIDS virus through having sex?" Table 11 shows that virtually all respondents in both 1993 and 1992 believed that condoms are either very or somewhat effective. About one-third selected very effective while almost two-thirds indicated somewhat effective. There was no change in perceived effectiveness from 1992 to 1993.

**Table 11**  
**Perceived Effectiveness of Condoms in the Prevention of HIV/AIDS,**  
**for the 1993 and 1992 Alberta Surveys**

Perceived Effectiveness	1993 Alberta Survey %	1992 Alberta Study %
Very Effective	33	32
Somewhat Effective	64	64
Not at all Effective	3	4
Total	100	100
(n)	(1194)	(1230)

Table 12 shows that males are more likely than females to perceive condoms as a very effective means of preventing getting the HIV/AIDS virus. Residents of Edmonton and Calgary, in comparison to the rest of Alberta, are also significantly more likely (from a statistical point of view) to perceive condoms as very effective although the actual differences are small. Perceived effectiveness did not vary significantly by age, marital status, or educational level.

Table 13 shows the relationship between perceived effectiveness of condoms and preferred emphasis in public health messages on the use of condoms. One might expect a positive correlation indicating that those persons who perceive condoms to be effective in preventing getting the HIV/AIDS virus would prefer an increased or continuing emphasis in public health messages on the use of condoms. Table 13 shows that there is a statistically significant relationship and that this relationship is positive ( $\text{Gamma} = .25$ ). Indeed, three-quarters of those persons who perceive condoms to be very effective recommend an increased emphasis in public health messages on the use of condoms. Furthermore, two-thirds of persons who rate condoms as somewhat effective recommend an increased emphasis in public health messages on condom usage. Virtually none of those who rate condoms as very or somewhat effective recommend a decreased emphasis on condom usage. Only 36 respondents (out of 1178) rated condoms as not at all effective and only 10 of these recommended that there be less emphasis on condoms in public health messages.

**Table 12**  
**Perceived Effectiveness of Condoms in Preventing HIV/AIDS,**  
**by Sex, Age, Marital Status, Residential Location, and Education**

Perceived Effectiveness	Sex		Age		Marital Status <sup>1</sup>		Location			Education	
	Male % <sup>2</sup>	Female %	18-39yrs. %	40+yrs. %	Not Currently Married %	Currently Married %	Calgary %	Edmonton %	Other %	0-12 yrs. %	13+ yrs. %
Very Effective	37	29	34	32	34	33	34	35	31	31	35
Somewhat Effective	60	68	62	65	63	64	60	62	67	66	62
Not at all Effective	4	3	4	3	3	3	5	3	2	3	3
	p = .01*		p = .48		p = .92		p = .05*			p = .26	

\* p ≤ .05 Statistical significance is determined by the Chi-Square statistic.

1. Not currently married includes never married, separated, widowed, and divorced. Currently married includes common-law.

2. The percentages in the columns may not add to 100 due to rounding.

Table 13

**Preferred Emphasis in Public Health Messages on the Use of Condoms,  
by Perceived Effectiveness of Condoms**

Preferred Emphasis in Public Health Messages on the Use of Condoms	Perceived Effectiveness of Condoms		
	Very Effective %	Somewhat Effective %	Not at all Effective %
More	74	66	45
Same	24	30	27
Less	1	4	29
Total <sup>1</sup>	99	100	101
(n)	(395)	(747)	(36)

$p = .00$  Statistical significance is determined by the Chi-Square statistic. Gamma = .25.

1. Totals may not add to 100 due to rounding.

## 5.2 Public Education Regarding Condom Use

Table 8, discussed previously, showed that respondents generally would like to see more emphasis in public health messages on the use of condoms. Respondents were also asked if there should be more, less, or about the same emphasis on condom use on television, in newspapers and magazines, in pamphlets available in public places such as drugstores and supermarkets, in senior high school classroom instruction (grades 10-12), and in junior high school classroom instruction (grades 7-9). Responses to these questions are shown in Table 14 and are broken down in Table 15 by sex, age, marital status, residential location, and education.



Table 14 shows that the majority of respondents favoured an increased emphasis on the use of condoms in television, newspapers and magazines, pamphlets in public places, and in junior and senior high school instruction. Indeed, the great majority of respondents (87% to 97% depending on the medium/place) favoured either an increased emphasis or the continuation of the present emphasis. Relatively small percentages (4% to 13%) of respondents favoured a decreased emphasis. It should be pointed out that the "don't know" response was much higher for the junior and senior high school options (10% and 9% respectively) than for television, newspapers, magazines, and pamphlets (2-3% don't know).

**Table 14**

**Public Opinion Regarding the Appropriate Level of Emphasis  
on Condom Use in Selected Media and Places**

Medium/Place	Appropriate Level of Emphasis on Condom Use			(n)
	More % <sup>1</sup>	Same %	Less %	
Television	53	34	13	(1225)
Newspapers and Magazines	57	35	8	(1238)
Pamphlets in Public Places (such as drugstores and supermarkets)	68	28	4	(1232)
Senior High School Classroom Instruction	78	19	4	(1151)
Junior High School Classroom Instruction	71	21	8	(1140)

1. The percentages in the rows may not total to 100 due to rounding.

Table 15 examines public opinion regarding the appropriate level of emphasis on condom use in television, newspapers and magazines, pamphlets in public places, and junior and senior high school instruction by sex, age, marital status, residential location, and educational level. The general tendency to endorse increased emphasis on condom use in these various media and places does not vary by sex or marital status but does tend to be higher for persons under 40, residents of Edmonton and Calgary, and persons with 13 or more years of education.

Table 16 examines the relationships between the preferred emphasis on condom use in various media and places with both the perceived effectiveness of condoms and the preferred emphasis on condom use in public health messages generally. In every case, relationships are statistically significant and positive. That is, the more effective that condoms are perceived to be, the greater the tendency to state a preference for an increased emphasis on condom use in television, newspapers and magazines, pamphlets in public places, and in junior and senior high school classroom instruction. Only an extremely small minority felt that condoms are ineffective and should be emphasized less in public health messages that appear in various media and places. Similarly, the greater the preferred emphasis in public health messages generally on condom use, the greater the preferred emphasis on condom use in various specific outlets for these messages, including television, newspapers and magazines, pamphlets in public places, and in junior and senior high school instruction.

Table 15

**Public Opinion Regarding the Appropriate Level of Emphasis on Condom Use in Selected Media and Places,  
by Sex, Age, Marital Status, Residential Location, and Education**

Emphasis on Condoms in Medium/Place	Sex		Age		Marital Status <sup>1</sup>		Location			Education	
	Male % <sup>2</sup>	Female %	18-39 yrs. %	40+ yrs. %	Not Currently Married %	Currently Married %	Calgary %	Edmonton %	Other %	0-12 yrs. %	13+ yrs. %
Television	54	51	59	45	56	51	57	56	48	48	56
Same	33	36	32	37	31	36	31	33	37	36	33
Less	14	13	10	18	13	14	13	12	15	16	11
	p = .61		p = .00*		p = .20		p = .07			p = .01*	
Newspapers and Magazines	57	57	66	46	62	55	62	61	52	56	58
More	35	36	29	43	32	38	31	32	40	36	35
Same	8	7	5	11	7	8	7	7	8	7	8
Less	p = .54		p = .00*		p = .06		p = .02*			p = .82	
Pamphlets in Public Places	67	70	76	58	71	67	73	70	64	65	71
More	28	27	20	36	26	29	23	26	31	31	25
Same	5	3	3	5	3	5	5	4	5	4	5
Less	p = .23		p = .00*		p = .09		p = .05*			p = .06	
High School Class	77	78	83	71	76	78	80	81	74	73	81
More	20	18	14	25	20	18	17	15	22	24	15
Same	4	4	3	4	3	4	3	4	4	4	4
Less	p = .81		p = .00*		p = .58		p = .18			p = .00*	
Junior High School Class	70	72	76	64	72	70	73	76	67	69	73
More	22	21	17	27	20	22	20	17	25	24	20
Same	9	7	7	9	7	8	7	7	9	8	8
Less	p = .48		p = .00*		p = .74		p = .08			p = .23	

\*  $p \leq .05$  Statistical significance is determined by the Chi-Square statistic.

1. Not currently married includes never married, separated, widowed, and divorced. Currently married includes common-law.

2. The percentages in the columns may not total to 100 due to rounding.

Table 16

**Public Opinion Regarding the Appropriate Level of Emphasis on Condom Use  
in Selected Media and Places, by Perceived Effectiveness of Condoms  
and Preferred Emphasis in Public Health Messages on the Use of Condoms**

Emphasis on Condoms in Medium/Place		Perceived Effectiveness of Condoms			Preferred Emphasis in Public Health Messages on Condom Use		
		Very %	Somewhat %	Not At All %	More %	Same %	Less %
Television	More	62	51	25	68	24	7
	Same	31	36	31	25	61	13
	Less	8	13	45	7	16	81
	(n)	(388)	(734)	(38)	(815)	(339)	(48)
		p = .00*; Gamma = .27			p = .00*; Gamma = .70		
Newspapers and Magazines	More	67	55	27	72	30	15
	Same	30	37	45	25	64	18
	Less	3	8	28	4	7	67
	(n)	(392)	(745)	(38)	(827)	(340)	(49)
		p = .00*; Gamma = .31			p = .00*; Gamma = .69		
Pamphlets in Public Places	More	77	67	40	81	46	17
	Same	20	29	37	17	51	28
	Less	3	4	23	2	3	55
	(n)	(393)	(739)	(36)	(828)	(337)	(48)
		p = .00*; Gamma = .29			p = .00*; Gamma = .70		
High School Class	More	86	76	54	89	56	23
	Same	13	20	25	10	40	23
	Less	1	4	21	1	4	54
	(n)	(369)	(687)	(36)	(794)	(295)	(43)
		p = .00*; Gamma = .37			p = .00*; Gamma = .76		
Junior High School Class	More	77	71	49	83	51	15
	Same	18	22	17	14	41	13
	Less	5	7	35	4	9	72
	(n)	(373)	(681)	(36)	(784)	(298)	(42)
		p = .00*; Gamma = .21			p = .00*; Gamma = .67		

\* p ≤ .05 Statistical significance is determined by the Chi-Square statistic.



### 5.3 Public Opinion Regarding the Sale of Condoms

Respondents were asked in which places they thought it would be acceptable for the public to buy condoms. Responses are shown in Table 17 and broken down in Table 18 by sex, age, marital status, residential location, and educational level. Table 19 examines the relationship between places where the public thinks condoms should be sold and both the perceived effectiveness of condoms and the preferred emphasis in public health messages on condom use.

Table 17 shows that the majority of respondents thought that condoms should be sold in 24-hour convenience stores, bars and lounges, senior high schools, and service stations. A majority of respondents opposed the sale of condoms in restaurants and workplaces. Sixty-one percent of respondents indicated that condoms should be sold in other places as well. By far the most common other place mentioned (by 417 of 1263 respondents) was the drugstore. Other places mentioned included public washrooms (n=51), supermarkets/grocery stores (n=49), hotels and motels (n=38), everywhere/anywhere (n=35), doctors' offices (n=32), and junior high schools (n=26). Respondents could also volunteer a second "other place" where they thought condoms could be sold. Among the 247 persons who listed a second choice, the most common (n=77) place selected was the supermarket/grocery store followed by doctors' offices (n=39) and drugstores (n=35).

Table 17 also indicates, for people who endorse the sale of condoms in a given establishment, where they think that condoms should be sold -- at the counter or from machines in washrooms or both. These data were collected for convenience stores, bars and lounges, service stations, and restaurants. For convenience stores, opinion

favoured the sale of condoms both at the counter and from machines located in washrooms. Similarly, in bars and lounges and in service stations, people preferred to have a choice of buying from machines in the washroom or from the clerk at the counter. Restricting the sale of condoms solely to over-the-counter transactions is very unpopular. People do not mind having them available at the counter, but also prefer that they be available at the same time from impersonal machines located in private places such as washrooms. Similarly, while restaurants were not chosen by a majority as an appropriate place for the sale of condoms, for those who did find restaurants acceptable for the sale of condoms, the majority preferred that they be sold from machines located in washrooms.

Table 18 indicates that the places that respondents think are appropriate for the sale of condoms do not vary substantially by sex, marital status, residential location, or educational level. While there were a few statistically significant differences, the magnitude of these differences tends to be small. Differences by age are more striking. Persons under 40 years of age are more likely than older persons to endorse the sale of condoms in service stations, bars and lounges, 24-hour convenience stores, senior high schools, and restaurants.

Finally, Table 19 shows that the more effective people perceive condoms to be, the more likely they are to endorse the sale of condoms in public places. Furthermore, this table shows that the more emphasis that people want in public health messages on condom use, the more likely they are to endorse the sale of condoms in public places.

Table 17

**Percentage of Respondents Who Think Condoms  
Should be Sold in Selected Places**

Place		Percentage of Respondents Who Think Condoms Should be Sold in Selected Places	For Those Who Say Condoms Should be Sold, Percentage Who Say At the Counter, In Washrooms, or Both <sup>1</sup>
Service Stations	(n=12 43)	69	
At the counter			9
From machines in washrooms			35
Both			56
Restaurants	(n=12 51)	42	
At the counter			2
From machines in washrooms			72
Both			26
Bars and Lounges	(n=12 42)	87	
At the counter			2
From machines in washrooms			56
Both			42
Twenty-Four Hour Convenience Stores	(n=12 37)	88	
At the counter			27
From machines in washrooms			12
Both			62
Senior High Schools	(n=12 32)	74	
Workplaces	(n=12 27)	40	
Other Places	(n=12 63)	61	

1. Percentages in the right hand columns may not add to 100 due to rounding.

Table 18

**Percentage of the Respondents Who Think Condoms Should be Sold in Selected Places,  
by Sex, Age, Marital Status, Residential Location, and Education**

Place	Percent Who Think Condoms Should be Sold in Selected Places									
	Sex		Age		Marital Status <sup>1</sup>		Location		Education	
	Male	Female	18-39yrs.	40+yrs.	Not Currently Married	Currently Married	Calgary	Edmonton	Other	0-12 yrs. 13+yrs.
Services Stations	71	67	73	65	72	68	69	66	72	71
	p = .15		p = .00*		p = .15			p = .28		p = .24
Restaurants	43	41	47	35	42	42	51	38	38	45
	p = .46		p = .00*		p = .82			p = .00*		p = .01*
Bars and Lounges	88	86	93	79	86	87	90	86	86	88
	p = .26		p = .00*		p = .76			p = .14		p = .22
Twenty-Four Hour Convenience Stores	90	85	92	82	88	88	89	87	87	90
	p = .00*		p = .00*		p = 1.00			p = .50		p = .03*
Senior High Schools	75	73	80	66	78	71	75	76	72	74
	p = .49		p = .00*		p = .01*			p = .37		p = .97
Workplaces	38	42	41	38	42	38	45	39	37	40
	p = .11		p = .29		p = .20			p = .03*		p = 1.00

\* p ≤ .05 Statistical significance is determined by the Chi-Square statistic.

1. Not currently married includes never married, separated, widowed, and divorced. Currently married includes common-law.



Table 19

**Percentages of Respondents Who Think Condoms Should be Sold in Selected Places,  
by Perceived Effectiveness of Condoms and Preferred Emphasis  
in Public Health Messages on the Use of Condoms**

Place for Sale of Condoms		Perceived Effectiveness of Condoms			Preferred Emphasis in Public Health Messages on Condom Use		
		Very %	Somewhat %	Not At All %	More %	Same %	Less %
Service Stations	Yes	79	67	46	74	65	34
	No	21	33	54	24	35	66
		p = .00*; Gamma = .33			p = .00*; Gamma = .32		
Restaurants	Yes	48	41	37	46	38	24
	No	52	59	63	54	62	76
		p = .05*; Gamma = .14			p = .00*; Gamma = .19		
Bars and Lounges	Yes	94	87	70	91	85	53
	No	6	13	30	9	15	47
		p = .00*; Gamma = .42			p = .00*; Gamma = .43		
Twenty-Four Hour Convenience Stores	Yes	94	87	67	92	84	55
	No	6	13	33	8	16	45
		p = .00*; Gamma = .42			p = .00*; Gamma = .51		
Senior High Schools	Yes	82	72	42	83	65	15
	No	18	28	58	17	35	85
		p = .00*; Gamma = .34			p = .00*; Gamma = .56		
Workplaces	Yes	45	39	23	46	32	6
	No	55	61	77	54	68	94
		p = .01*; Gamma = .16			p = .00*; Gamma = .37		

\* p ≤ .05 Statistical significance is determined by the Chi-Square statistic.

## 6. TESTING FOR HIV/AIDS

Respondents were asked "What kinds of situations in your personal life would lead you to get a blood test for HIV/AIDS?" One in four said that there was no situation that would lead them to seek testing and another 9 percent answered "don't know." A total of 840 (out of 1274) persons interviewed gave at least one response while 234 persons listed two situations that would motivate them to get a blood test for HIV/AIDS. Table 20 shows both the first and second responses to this question.

The single most frequently mentioned situation that would lead a person to get a blood test for HIV/AIDS was a blood transfusion. Nevertheless, several situations related to sexual behaviour (new relationships/multiple partners, unprotected sex, spouse/partner being unfaithful, getting married) also provided a major motivation for seeking an HIV/AIDS test. Almost two-thirds of both first and second responses focused either on situations related to sexual behaviour or situations related to blood transfusion or donation. Further, some respondents indicated that they would seek a blood test following contact with blood or with a person with AIDS, or if they worked in a high-risk environment or were a drug user. Additionally, a group of responses focused on concerns arising from a variety of situations, such as an undiagnosed illness or following surgical or dental procedures. Finally, a few respondents mentioned that they would be tested if required to do so, for example, for insurance purposes.

Table 21 shows the reasons for getting an HIV/AIDS test broken down by sex, age, marital status, residential location, and education. Females were more likely than males to mention blood transfusion/donation as a reason for testing while males were more likely to mention general concerns. Younger respondents (under 40) were more likely than older

Table 20

**First and Second Responses to the Question  
"What Kinds of Situations in Your Personal Life  
Would Lead You to Get a Blood Test for HIV/AIDS?"**

Situations	First Response %	Second Response %
Situations Related to Sexual Behaviour	31	38
New Relationship/Multiple Partners	16	20
Unprotected Sex	7	10
Spouse/Partner Unfaithful	6	7
Marriage	3	1
Situations Related to Blood Transfusion/Donation	29	26
Blood Transfusion	25	24
As a Blood Donor	4	2
Contact Situations	13	18
Contact Through Blood	4	8
Contact with Persons with AIDS	4	6
Work in High Risk Area	3	2
Drug Use	1	2
Concern Arising From a Variety of Situations Not Listed Above (e.g., illness, or following surgery or dental procedures, etc.)	21	15
Testing Required (e.g., for insurance)	6	4
Total <sup>1</sup> (n)	100 (840)	101 (234)

1. Percentages in the columns may not total to 100 due to rounding.

Table 21

Situations in Respondent's Personal Life that Would Lead Him/Her to Get an HIV/AIDS Test,  
by Sex, Age, Marital Status, Residential Location, and Education  
(First Response Only)

Situation	Sex		Age		Marital Status <sup>1</sup>		Location			Education	
	Male % <sup>2</sup>	Female %	18-39 yrs. %	40+ yrs. %	Not Married %	Currently Married %	Calgary %	Edmonton %	Other %	0-12 yrs. %	13 + yrs. %
Sexual	32	31	39	21	52	18	36	32	28	29	33
Blood Transfusion/ Donation	24	34	21	40	19	36	25	28	31	29	29
Contact	14	12	14	12	11	14	12	17	11	9	16
Concern	23	18	20	22	15	25	21	19	22	27	17
Testing Required	6	5	6	5	4	7	6	4	6	6	6
	p = .02*		p = .00*		p = .00*		p = .11			p = .00*	
(n)	(421)	(419)	(480)	(355)	(320)	(520)	(265)	(224)	(351)	(325)	(510)

\*  $p \leq .05$  Statistical significance is determined by the Chi-Square statistic.

1. Not currently married includes never married, separated, widowed, and divorced. Currently married includes common-law.

2. The percentages in the columns may not add to 100 due to rounding.



respondents to mention sexual circumstances as a reason for testing while older persons were more likely to select blood transfusion/donation as a motivation. The not currently married were far more likely than the currently married to mention sexual situations that would motivate testing while the currently married were more likely to focus on blood transfusion/donation and general concern. There were no substantial differences by residential location. Finally, the better educated were somewhat more likely to worry about possible exposure through contacts with blood, persons with AIDS, and so on while the less educated were more likely to indicate general concern as a reason for seeking an HIV/AIDS test.

Respondents were also asked "If you thought you were at risk of HIV/AIDS where would you go for an HIV/AIDS test?" Table 22 shows that the majority indicated that they would see their personal/family doctor and two in three said that they would either see their own or another doctor. Almost one in three said that they would go to either a hospital or to a medical/health clinic. Only a very small minority (about 4%) said they would go to an STD clinic. Although even fewer (about 1%) chose the Red Cross, the fact that even these few might donate blood to learn their HIV status is of concern. There were no other places chosen by respondents for getting an HIV/AIDS test.

Table 23 shows the places that respondents would choose for an HIV/AIDS test broken down by sex, age, marital status, residential location, and education. Females would be more likely to ask their personal or family doctor for an HIV/AIDS test while males would be more likely to go to the hospital for testing. Similarly, persons 40 years of age and older are more likely to ask their doctor for a test while persons under 40 are more likely to go to a hospital or medical/health clinic. The currently married are also more likely to ask their doctor while the not currently married are more likely to go to the hospital for testing. Residents of Edmonton and Calgary are more likely to approach their doctor for testing while residents

elsewhere in Alberta are more likely to go to a hospital or clinic. Differences by education, while statistically significant, are not substantial.

**Table 22**

**Places Where Respondents Would Go for an HIV/AIDS Test**

Place	Percentage of Respondents %
My (Family) Doctor	58
A Doctor	7
Medical/Health Clinic	14
Hospital	16
STD Clinic	4
Red Cross	1
Total	100
(n)	(1226)

Table 23

Places Where Respondents Would Go for an HIV/AIDS Test,  
by Sex, Age, Marital Status, Residential Location, and Education

Place	Sex		Age		Marital Status <sup>1</sup>		Location		Education	
	Male % <sup>2</sup>	Female %	18-39 yrs. %	40+ yrs. %	Not Currently Married %	Currently Married %	Calgary %	Edmonton %	Other %	0-12 yrs. 13+ yrs. % %
My/Family Doctor	51	66	54	65	52	63	61	60	56	59 59
A Doctor	9	6	6	9	9	6	8	6	7	9 6
Medical/ Health Clinic	15	12	17	10	15	13	13	12	15	13 14
Hospital	20	12	18	13	19	14	11	15	19	16 15
STD Clinic	4	4	4	3	5	3	4	6	2	3 4
Red Cross	1	1	2	1	1	1	2	1	1	0 2
	p = .00*		p = .00*		p = .01*		p = .00*		p = .03*	
(n)	(614)	(611)	(674)	(545)	(455)	(771)	(355)	(312)	(559)	(541) (679)

\* p ≤ .05 Statistical significance is determined by the Chi-Square statistic.

1. Not currently married includes never married, separated, widowed, and divorced. Currently married includes common-law.
2. The percentages in the columns may not add to 100 due to rounding.

## 7. CONCLUSION

The 1993 survey of adults in Alberta regarding HIV/AIDS is the third such survey conducted by the Population Research Laboratory of the Department of Sociology at the University of Alberta for the Provincial AIDS Program at Alberta Health. The purposes of the 1993 survey were threefold. The first objective was to assess public opinion and understanding of a variety of public education issues regarding HIV/AIDS. The second objective was to explore public opinion on several issues related to the use of condoms. Finally, the public was asked what situations would motivate them to seek a blood test for HIV/AIDS and where they would go for testing.

With respect to public education regarding HIV/AIDS, most respondents appeared to understand such terms as semen, saliva, pre-ejaculate, and vaginal secretions. Furthermore, the role that blood and semen play in HIV transmission appears to be widely known. In addition, the potential for infection from substances such as pre-ejaculate and vaginal secretions is also widely known although there is room for improvement in public awareness regarding the role of these substances in HIV transmission. There is considerable uncertainty regarding saliva and its potential for infection. Many remain unnecessarily concerned and public education campaigns might emphasize that saliva is not typically a vehicle for HIV transmission. Finally, the use of the term monogamy in public education will be problematic unless the term monogamy is clearly defined. Many say that they do not understand this term and there is ambiguity with respect to its potential for HIV infection. That is, while the practice of monogamy tends to reduce the risk of infection, nevertheless, previous sexual experiences, unfaithful partners, and "serial monogamy" mean that a commitment to monogamy will not necessarily protect against infection.



Public education regarding HIV/AIDS is seen by many as an effective means for increasing public acceptance of persons who have HIV/AIDS. Furthermore, respondents endorsed a wide variety of public education modalities for both increasing acceptance of persons with HIV/AIDS and for educating the public about HIV/AIDS. For example, support was widespread for sexual health education in the schools and there seemed to be little evidence of divided public opinion on this issue. Indeed, this study finds that virtually all feel that sex education topics including HIV infection and AIDS should be discussed in school with most respondents selecting the later primary school grades or the early junior high school years as most appropriate. Furthermore, support was widespread for the dissemination of "frank messages" regarding sexual behaviours and HIV transmission in various media and in public places. Again, it does not appear to be the case that significant portions of the public are resistant to or squeamish about frank public messages. Finally, there appears to be a great deal of support for public health messages which emphasize both sexual abstinence and the use of condoms as strategies for promoting HIV infection. It does not appear to be the case that there is a significant component of the population that endorses abstinence and therefore opposes the promotion of condoms.

Turning to the second objective of this study which focuses on the use of condoms, it appears that virtually all adults believe that condoms are either very effective or at least somewhat effective in preventing HIV/AIDS. The belief that condoms are effective is associated with the belief that the use of condoms should be promoted in public health messages. Indeed, the majority of respondents feel that there should be an increased emphasis on the use of condoms in public health messages appearing in a variety of media. On the other hand, very few believe that there should be a decreased emphasis on the use of condoms.

With respect to the sale of condoms, there is extensive support for the availability of condoms for purchase in 24-hour convenience stores, bars and lounges, senior high schools, and service stations. People tend to be uncomfortable buying condoms at the counter in these various outlets. Most prefer that condoms be sold from machines located in the privacy of the washroom or that a choice be available between machines in the washrooms and sale at the counter. That is, very few prefer that condoms be sold solely at the counter.

The third and final focus of this study was on HIV/AIDS testing. Considerable concern was evident regarding blood transfusions as this was the single most common reason that respondents gave for seeking a blood test for HIV/AIDS. In fact, relatively few of those persons who are HIV positive have been infected through blood transfusions in comparison to other risk factors and since 1985 the blood supply has been thought to be safe. However, the attention that this issue has received in the press and the perception that one might become infected in a medical emergency, even though one's lifestyle does not put one "at risk," produces considerable concern.

Respondents also indicated that various sexual situations would provide the motivation for seeking a blood test. These sexual circumstances included new relationships/multiple partners, unprotected sex, spouse/partner unfaithful, and getting married. While only a very few (about 1 in a 100) would use the Red Cross for HIV testing, the fact that even a few might donate blood to learn their HIV status is of concern. Further, it is perhaps noteworthy that very few would go to an STD clinic to obtain a test for HIV/AIDS. Instead, respondents were most likely to seek testing from a doctor or alternatively would go to a hospital or medical clinic.

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## APPENDIX 1: THE 1993 SURVEY QUESTIONS

### *THE FINAL QUESTIONS ARE ABOUT AIDS.*

99. In many Alberta communities there are people who have HIV infection or AIDS. What can be done to encourage your community to accept without discrimination members of your community who have HIV/AIDS. **(PROBE FOR SPECIFICS, PARTICULARLY IF RESPONSE IS "EDUCATION".)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

100. What kinds of situations in your personal life would lead you to get a blood test for HIV/AIDS? **(INDICATE ORDER IN WHICH MENTIONED, E.G. 1,2)**

	NUMBER
blood transfusion .....	_____
as a blood donor .....	_____
spouse/partner unfaithful .....	_____
new relationship/multiple partners .....	_____
forced to get one ( <i>e.g. insurance</i> ) .....	_____
drug use .....	_____
unprotected sex .....	_____
other (SPECIFY) _____	_____

101. If you thought you were at risk of HIV/AIDS where would you go for an HIV/AIDS test?

my ( <i>family</i> ) doctor .....	01
a doctor .....	02
medical/health clinic .....	03
hospital .....	04
Red Cross .....	05
STD clinic .....	06
other (SPECIFY) _____	87

102. In schools, at what grade (*kindergarten through 12*) should education start about each of the following? **(REVERSE ORDER IF INDICATED)**

	GRADE
Sexual health .....	_____
HIV infection and AIDS .....	_____
Other sexually transmitted diseases .....	_____
Birth control .....	_____



103. Research in Alberta has shown that people need frank messages to encourage them to change sexual behaviours through which HIV infection can be spread. Do you think these frank messages should appear on ....

	YES	NO	DK
television? . . . . .	1	2	8
radio? . . . . .	1	2	8
newspapers? . . . . .	1	2	8
transit ads ( <i>e.g. bus, LRT etc.</i> )? . . . . .	1	2	8
posters? . . . . .	1	2	8
billboards? . . . . .	1	2	8
any other places? (SPECIFY) _____	1	2	8

104. People responsible for providing HIV/AIDS messages need to know how well the public understands certain terms, and the risk of spreading HIV/AIDS. For the following please tell me if you are very sure or uncertain about the meaning.

- a. How sure are you of what saliva is? Are you ..... (READ)

very sure or . . . . .	1	(ASK b)
uncertain . . . . .	2	(GO TO 105a)
don't know (volunteered) . . . . .	8	(GO TO 105a)

- b. How likely is it that HIV infection can be spread by saliva? (READ)

very likely . . . . .	1
somewhat likely . . . . .	2
not at all likely . . . . .	3
don't know (volunteered) . . . . .	8

105. a. How sure are you of what "semen" is? Are you .... (READ)

very sure or . . . . .	1	(ASK b)
uncertain . . . . .	2	(GO TO 106a)
don't know (volunteered) . . . . .	8	(GO TO 106a)

- b. How likely is it that HIV infection can be spread by semen? (READ)

very likely . . . . .	1
somewhat likely . . . . .	2
not at all likely . . . . .	3
don't know (volunteered) . . . . .	8

106. a. How sure are you of what "monogamy" is? Are you .... (READ)

very sure or . . . . .	1	(ASK b)
uncertain . . . . .	2	(GO TO 107a)
don't know (volunteered) . . . . .	8	(GO TO 107a)

- b. How likely is it that HIV infection can be spread through monogamy? **(READ)**

very likely	1
somewhat likely	2
not at all likely	3
don't know <b>(volunteered)</b>	8

107. a. How sure are you of what "pre-ejaculate" is? Are you .... **(READ)**

very sure or	1	<b>(ASK b)</b>
uncertain	2	<b>(GO TO 108a)</b>
don't know <b>(volunteered)</b>	8	<b>(GO TO 108a)</b>

- b. How likely is it that HIV infection can be spread by pre-ejaculate? **(READ)**

very likely	1
somewhat like	2
not at all likely	3
don't know <b>(volunteered)</b>	8

108. a. How sure are you of what "vaginal secretions" mean? **(READ)**

very sure or	1	<b>(ASK b)</b>
uncertain	2	<b>(GO TO 109)</b>
don't know <b>(volunteered)</b>	8	<b>(GO TO 109)</b>

- b. How likely is it that HIV infection can be spread by vaginal secretions? **(READ)**

very likely	1
somewhat likely	2
not at all likely	3
don't know <b>(volunteered)</b>	8

109. How likely is it that HIV infection can be spread by blood? **(READ)**

very likely	1
somewhat likely	2
not at all likely	3
don't know <b>(volunteered)</b>	8

110. a. In public health messages on the prevention of HIV/AIDS and other sexually transmitted diseases, should there be more, less, or about the same emphasis on abstinence from sexual intercourse?

more	1
less	2
about the same	3
don't know <b>(volunteered)</b>	8

- b. Should there be more, less, or about the same emphasis (*in public health messages*) on the use of condoms?

more	1
less	2
about the same	3
don't know ( <b>volunteered</b> )	8

111. More specifically, should there be more, less, or about the same emphasis on condom use ....

- a. on television? (**READ**)

more	1
less	2
about the same	3
don't know ( <b>volunteered</b> )	8

- b. more, less, or about the same emphasis on condom use in newspapers and magazines?

more	1
less	2
about the same	3
don't know ( <b>volunteered</b> )	8

- c. in pamphlets available in public places such as drugstores and supermarkets (**READ**)?

more	1
less	2
about the same	3
don't know ( <b>volunteered</b> )	8

- d. in senior high school classroom instruction (*grades 10-12*)? (**READ**)

more	1
less	2
about the same	3
don't know ( <b>volunteered</b> )	8

- e. in junior high school classroom instruction (*grades 7-9*)? (**READ**)

more	1
less	2
about the same	3
don't know ( <b>volunteered</b> )	8

112. How effective do you think condoms are to prevent getting the HIV/AIDS virus through having sex?  
(READ)

very effective	1
somewhat effective	2
not at all effective	3
don't know how effective (volunteered)	4
don't know method (volunteered)	5

113. We need to know where people think it would be acceptable for the public to buy condoms. I'm going to read a list of places. Please tell me whether you think condoms should be sold there.

- a. In service stations?

yes	1	(ASK b)
no	2	(GO TO 114a)
don't know	8	(GO TO 114a)

- b. In service stations should they be sold at the counter, available from machines in washrooms, or both?

sold at the counter	1
available from condom machines in washrooms	2
both	3
don't know	8

114. a. Should condoms be sold in restaurants?

yes	1	(ASK b)
no	2	(GO TO 115a)
don't know	8	(GO TO 115a)

- b. In restaurants should they be sold at the counter, available from machines in washrooms, or both?

sold at the counter	1
available from condom machines in washrooms	2
both	3
don't know	8

115. a. Should condoms be sold in bars and lounges?

yes	1	(ASK b)
no	2	(GO TO 116a)
don't know	8	(GO TO 116a)



- b. (*In bars and lounges*) should condoms be sold at the counter, available from machines in washrooms, or both?

sold at the counter	1
available from condom machines in washrooms	2
both	3
don't know	8

116. a. Should condoms be sold in 24-hour convenience stores?

yes	1	(ASK b)
no	2	(GO TO 117)
don't know	8	(GO TO 117)

- b. (*In 24-hour convenience stores*) should condoms be sold at the counter, available from machines in washrooms, or both?

sold at the counter	1
available from condom machines in washrooms	2
both	3
don't know	8

117. Should condoms be sold in senior high schools (*grades 10-12*)?

yes	1
no	2
don't know	8

118. Should condoms be sold in workplaces?

yes	1
no	2
don't know	8

119. Where else should condoms be available? (INDICATE ORDER IN WHICH MENTIONED, E.G. 1,2)

	NUMBER
drugstore	_____
doctor's offices/clinics	_____
hotels/motels	_____
airports/bus depots	_____
other (SPECIFY) _____	_____

## APPENDIX 2

### CODING TYPOLOGY FOR OPEN-ENDED QUESTION ON ACCEPTANCE OF PERSONS WITH HIV/AIDS

Following is the coding typology for responses to the question:

In many Alberta communities there are people who have HIV infection or AIDS. What can be done to encourage your community to accept without discrimination members of your community who have HIV/AIDS?

#### Education/Awareness (Content)

01. more education and/or awareness on the virus/disease (general/non-specific)
02. more education about transmission/how contracted disease
03. more education on "safe(r) sex"/condom use/sex education

#### Methods of Education/Increasing Awareness

11. education programs at schools/for children
12. television
13. radio
14. newspapers
15. pamphlets/brochures/publications/newsletters/flyers
16. advertisements/commercials
17. information at community health centres/agencies
18. information sessions by AIDS Network/support groups
19. information sessions by informed persons (e.g., physicians)
20. seminars
21. public forums/meetings/speakers
22. workshops/get together meetings for families
23. special clinics/STD clinics
24. media (general)
25. community members talking/meeting/seeing AIDS victims
26. counselling community members

#### Attitudes

40. practice compassion/be sympathetic
41. practice non-discrimination/tolerance/understanding/acceptance
42. help the community members accept them
43. compassion/sympathy for "genuine" victims only

#### Health Care

50. promote blood testing
51. hospitals for AIDS victims/group homes
52. better health care/medical assistance
53. financial support/fund raising

54. more research on AIDS; find a cure

**Other**

85. don't feel there is discrimination  
86. should not be in the community  
87. other not elsewhere classified (n.e.c.)  
98. people will discriminate regardless of information given

**Missing**

88. don't know/have no idea  
97. no second/third response  
00. no response







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